

County: Sheboygan  
 PINE HAVEN CHRISTIAN HOME, INC.  
 531 GIDDINGS AVENUE

Facility ID: 7200

Page 1

SHEBOYGAN FALLS 53085 Phone:(920) 467-2401  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 71  
 Total Licensed Bed Capacity (12/31/02): 71  
 Number of Residents on 12/31/02: 70

Ownership: Nonprofit Church/Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? Yes  
 Title 18 (Medicare) Certified? No  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 69

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		31.4
Supp. Home Care-Personal Care	No					More Than 4 Years		40.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.4			28.6
Day Services	No	Mental Illness (Org./Psy)	27.1	65 - 74	1.4			-----
Respite Care	No	Mental Illness (Other)	4.3	75 - 84	28.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.9	95 & Over	15.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	15.7	65 & Over	98.6	-----		
Transportation	No	Cerebrovascular	5.7		-----	RNs		9.0
Referral Service	No	Diabetes	8.6	Sex	%	LPNs		9.1
Other Services	No	Respiratory	1.4	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	31.4	Male	21.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	78.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	43	100.0	110	0	0.0	0	23	85.2	142	0	0.0	0	0	0.0	0	66	94.3
Intermediate	---	---	---	0	0.0	0	0	0.0	0	4	14.8	122	0	0.0	0	0	0.0	0	4	5.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		43	100.0		0	0.0		27	100.0		0	0.0		0	0.0		70	100.0

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			
						-----			
Percent Admissions from:						Activities of		% Needing Assistance of	Total
						Daily Living (ADL)		One Or Two Staff	Number of Residents
								% Totally Dependent	
Private Home/No Home Health	13.2						Independent		
Private Home/With Home Health	5.3						0.0	70.0	70
Other Nursing Homes	28.9						11.4	61.4	70
Acute Care Hospitals	36.8						24.3	20.0	70
Psych. Hosp.-MR/DD Facilities	0.0						20.0	27.1	70
Rehabilitation Hospitals	0.0						78.6	12.9	70
Other Locations	15.8								
*****									
Total Number of Admissions	38					Continence		% Special Treatments	%
Percent Discharges To:						Indwelling Or External Catheter		2.9	Receiving Respiratory Care
Private Home/No Home Health	0.0					Occ/Freq. Incontinent of Bladder		52.9	Receiving Tracheostomy Care
Private Home/With Home Health	0.0					Occ/Freq. Incontinent of Bowel		25.7	Receiving Suctioning
Other Nursing Homes	5.3								0.0
Acute Care Hospitals	2.6					Mobility			Receiving Ostomy Care
Psych. Hosp.-MR/DD Facilities	0.0					Physically Restrained		5.7	Receiving Tube Feeding
Rehabilitation Hospitals	0.0								Receiving Mechanically Altered Diets
Other Locations	7.9								45.7
Deaths	84.2					Skin Care			
Total Number of Discharges						With Pressure Sores		5.7	Other Resident Characteristics
(Including Deaths)	38					With Rashes		0.0	Have Advance Directives
									97.1
									Medications
									Receiving Psychoactive Drugs
									50.0

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****									
		This Facility	Ownership: Nonprofit	Bed Size: 50-99	Licensure: Skilled	All Facilities			
		%	Peer Group Ratio	Peer Group % Ratio	Peer Group % Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		97.2	87.5 1.11	87.1 1.12	85.3 1.14	85.1	1.14		
Current Residents from In-County		98.6	79.3 1.24	81.5 1.21	81.5 1.21	76.6	1.29		
Admissions from In-County, Still Residing		57.9	21.8 2.66	20.0 2.89	20.4 2.84	20.3	2.85		
Admissions/Average Daily Census		55.1	124.6 0.44	152.3 0.36	146.1 0.38	133.4	0.41		
Discharges/Average Daily Census		55.1	129.0 0.43	153.5 0.36	147.5 0.37	135.3	0.41		
Discharges To Private Residence/Average Daily Census		0.0	50.5 0.00	67.5 0.00	63.3 0.00	56.6	0.00		
Residents Receiving Skilled Care		94.3	94.7 1.00	93.1 1.01	92.4 1.02	86.3	1.09		
Residents Aged 65 and Older		98.6	96.2 1.02	95.1 1.04	92.0 1.07	87.7	1.12		
Title 19 (Medicaid) Funded Residents		61.4	56.7 1.08	58.7 1.05	63.6 0.97	67.5	0.91		
Private Pay Funded Residents		38.6	32.8 1.18	30.0 1.29	24.0 1.61	21.0	1.83		
Developmentally Disabled Residents		0.0	0.5 0.00	0.9 0.00	1.2 0.00	7.1	0.00		
Mentally Ill Residents		31.4	35.5 0.89	33.0 0.95	36.2 0.87	33.3	0.94		
General Medical Service Residents		31.4	23.8 1.32	23.2 1.35	22.5 1.40	20.5	1.53		
Impaired ADL (Mean)		48.9	50.4 0.97	47.7 1.02	49.3 0.99	49.3	0.99		
Psychological Problems		50.0	54.7 0.91	54.9 0.91	54.7 0.91	54.0	0.93		
Nursing Care Required (Mean)		7.9	6.9 1.14	6.2 1.26	6.7 1.17	7.2	1.09		